

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033100
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2486

FILED SEP 4 1962

VS 300
Rev. 4/59

1 4000

2 4000

3 2

4 0

5 1

6

7 0

8 1

93561

10

11

12 90-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Spanish Lake

Length of stay in 1b
years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1629 June Drive

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY St. Louis

c. CITY OR TOWN Spanish Lake

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1629 June Drive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First JOSEPH

Middle WILLIAM

Last BUCHER

4. DATE OF DEATH

Month AUGUST

Day 24

Year 1962

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-3-1903

9. AGE (last birthday)
59

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Secretary-Treasurer

10b. KIND OF BUSINESS OR INDUSTRY
H & B Credit Jewelers

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Joseph W. Bucher

13b. MOTHER'S MAIDEN NAME

Mary Groebl

14. NAME OF HUSBAND OR WIFE

Ella Bucher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Ella Bucher, 1629 June Drive

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Tracheal aspiration

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atrophic Lateral Sclerosis

3 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to present and last saw her him alive on 8/19/62
Death occurred at 9A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Source or title)

Leonard Berg M.D.

22b. ADDRESS

52 Maryland Plaza

22c. DATE SIGNED

8/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Aug 27, 1962

23c. NAME OF CEMETERY OR CREMATORY

New Bethlehem Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS
Math Hermann & Son, Inc., 2161 E. Fair St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

8-25-62

26. REGISTRAR'S SIGNATURE

John Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius B Brown

Licensed Embalmer No.

5146

P. O. Address

St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.